



**The City of Harrisburg**  
**Public Record Review / Duplication Request**  
please print legibly

Date of request: \_\_\_\_\_

Requestor's name: \_\_\_\_\_

Requestor's address: \_\_\_\_\_

Requestor's telephone: \_\_\_\_\_

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I request ☐ review ☐ duplication of the following records with sufficient specificity to enable the City of Harrisburg to determine which records are being requested. Use additional sheets, if necessary.

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Signature of requestor (*must sign*)

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The request may be submitted in person, via e-mail, or by fax to:

**Office of the City Solicitor**  
The City of Harrisburg  
Rev. Dr. Martin Luther King Jr. City Government Center  
10 North Second Street, Suite 402  
Harrisburg, PA 17101

Michael Brownsweiger, Right-To-Know Designee  
e-mail: mbrownsweiger@cityofhbg.com  
Fax: 717.255.3056 • Phone: 717.255.3065

request number: \_\_\_\_\_  
(assigned by The City of Harrisburg)